

**IN THE PROBATE COURT OF MAHONING COUNTY, OHIO
JUDGE TIMOTHY P. MALONEY**

IN THE MATTER OF THE DISINTERMENT OF: _____, DECEASED

CASE NO.: _____

APPLICATION TO DISINTER REMAINS OF A DECEDENT

[R.C. 517.24; Local Rule 75.15]

I, _____, the _____, hereby make application
(Describe relationship of applicant to the Decedent)
for disinterment of the remains of the above named decedent now lying in _____
_____ Cemetery, located at _____
_____, who died on the _____ day of _____, (month), _____ (year),
to be reinterred at _____

The applicant represents to the Court that he/she is eighteen years of age or older and of sound mind;
and that he/she ☐ did/ ☐ did not assume responsibility for the funeral and burial expenses of the decedent.
A certified copy of the Decedent's Death Certificate or other proof satisfactory to the Court is attached.

Upon my Oath, first given, I say that the foregoing facts are true and correct.

Attorney Signature

Typed Name

Full Address (No P. O. Boxes)

City, State, Zip

Telephone (Include area code)

Attorney Registration No. _____

Applicant's Signature

Typed Name

Full Address (No P. O. Boxes)

City, State, Zip

Telephone (Include area code)

Dated: _____

Sworn to and subscribed before me a notary public on this _____ day of _____, 20_____.

(Seal)

Notary Public/Deputy Clerk